

DEPARTMENT OF LEISURE SERVICES SUMMER DAY CAMP REGISTRATION FORM

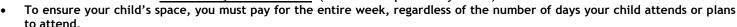
INSTRUCTIONS: Please print clearly and fill out this form in its entirety. Complete a separate application for each child, and attach COPIES of each child's BIRTH CERTIFICATE. (You must provide a copy of Form 121 if your child is not currently attending an accredited elementary school. Ex: if your child is 5 years old, but has not yet attended Kindergarten)

	CAMPER INFORMAT	ION			
	Child's Full Name			_ Date of Birt	:h
	Address	City		ST	_ ZIP
CAMP SITES	Home Phone	Age	Sex:	Male□ Fem	ale□
elect one site.	SS#	Email:			
AGES 5-8	Did your child attend camp	last summer? TYES 1	JNO Location?_		
JHarrison Central Elm.	Is your child enrolled in an	accredited elementar	y school? ☐YES	S □NO Schoo	l?
AGES 5-12	T-Shirt Size: (Youth) S□ M□	L□ (Adult): S□ M□	L□ XL□ (Only o	ne T-shirt will be p	provided to each child.)
☐Bel-Aire Elementary	LEGAL GUARDIAN	INFORMATION			
☐Herbert Wilson	Father's Name		Mother's Name	e	
☐Three Rivers Elem.	Employer		Employer		
Dimee Rivers Liein.	City	ST	City		ST
Special Needs □FLASH Camp	Home Phone				
DrLASH Camp	Work Phone		Work Phone		
	Cell Phone		Cell Phone		
EmployerName	RelationRelation	Work Phone Home Phone		_ _ Cell Phone	
Employer		Work Phone		_	
Child's Physician Insurance Company	Phone_		lospital Choice		
	es which may limit your child's act onditions, medication, allergies, a				
IMMEDIATE CARE, I AUTHORIZE A REPR	FIED IF A HEALTH PROBLEM OCCURS. HOWE RESENATIVE OF THE CITY OF GULFPORT TO RGENCY MEDICAL PERSONNEL, AMBULANCE	OBTAIN ANY AND ALL MEDICAL	TREATMENT TO BE PE		
Parent's Signature		Date			
of Leisure Services will ask for ide provide satisfactory identification		releasing the child to then e released to them until th	n. If any person, e e parent or guardia	ven if they are l an is contacted.	isted below, fails to
Name	Phone (1)	Phone	(2)	
Name	Phone (` Phone (`	1) 1)	Phone	e (2) e (2)	
	(,——————————————————————————————————————		` ,	

Child's Full Name							

IMPORTANT CAMP INFORMATION

- Camp registration fees and weekly tuition are non-refundable.
- Tuition is \$50/week per child.
- Fees will be due on the first Monday of each week. (Fees will be paid every week.)



To ensure safety and quality care in our program, CASH WILL NOT BE ACCEPTED AS PAYMENT FOR CAMP FEES. We will only accept checks or money orders at the camp sites as payment for camp fees.

(Initial Here) I acknowledge that I have read, understand, accept, and consent to adhere to the aforementioned Summer Day Camp Fee Assessment Policies.

(←Initial Here) I acknowledge that if I do not abide by the weekly payment schedule, and if fees remain unpaid by the morning of the 2nd day of each week, my child will not be accepted into camp on the 3rd day (or any day thereafter) until all past due fees are paid at the Leisure Services Administration Office.

By initialing next to each section, I acknowledge that I have read, understand, accept, and consent to adhere to the following Summer Day Camp Policies.

FIELD TRIP AUTHORIZATION (←Initial Here)

The child named on this application has my permission to attend the scheduled field trips, which are organized and sponsored by the Gulfport Department of Leisure Services Summer Day Camp program. I understand that I will be notified in advance of all field trips and of any additional fees or arrangements which may arise as a result of field trips. Additionally, I understand that transportation to and from the destinations will be by bus and if I do not wish for my child to participate in any of the scheduled field trips, I will notify my child's camp director in writing at least 24 hours prior to the acknowledge that trip schedules may change due to unforeseen and uncontrollable situations.

PARENT HANDBOOK & MS CHILDCARE REGULATIONS SUMMARY

I am aware that a copy of the City of Gulfport, Department of Leisure Services Summer Day Camp and Playground Program Parent Handbo at GulfortSummerCamp.com, and it outlines the policies and procedures, code of conduct, disciplinary procedures and other information summer program. Included in the handbook is the MS Childcare Regulations Parent Summary.

RELEASE OF LIABILITY _ (←Initial Here)

- In consideration of the services and facilities provided by the City of Gulfport Department of Leisure Services, its employees, age officers, I hereby release and acknowledge that The City of Gulfport does not provide liability insurance to cover accidents for attend the camp and forever discharge the aforementioned from any and all liability arising out of my child's participation in this pro-
- I am fully aware of the risks inherent to this activity and should not allow my child to participate unless medically able. I assume all with this activity.
- I agree that photographs, videotapes, motion pictures, recordings, or any other reproduction of my child's image may be used for promoting programs operated by the City of Gulfport, Department of Leisure Services. I hereby grant the City of Gulfport Department Services permission to use such images in any media now or hereafter known for any legitimate purpose whatsoever, and to connection therewith if the City of Gulfport Department of Leisure Services so chooses.
- In case of illness, I authorize a representative of the City of Gulfport to obtain immediate Care deemed necessary by licensed medical personnel.
- I have read and fully understand that these terms are contractual and not a mere recital And sign it voluntarily.

I, the parent/guardian of the child whose name appears on this application, who is Participating in the Gulfport Department of Leisure Services Summer Day Camp Program, Hereby give my permission and approval to his/her participation during the current year. I assume all risks and hazards incidental to the conduct of this program and its activities. I do further hereby release, absolve, and indemnify and hold harmless the Gulfport Department of Leisure Services, the organizers, the sponsors, the supervisors, and/or all of them.

In case of injury to my child, I likewise waive all claims against the organizers, the sponsors, or any of the supervisors as well as any claim against any person transporting my child to and from the activities.

ignature of Parent/Guardian	
rinted Name	
<mark>/ate</mark>	Phone

FOR OFFICE	USE ONLY
☐ Registration Fee \$50\$60	//
☐ Birth Certificate	//
☐ Form 121* *Required if child attend	s out of state school
☐ <mark>Accepted</mark>	/
Registrant Initials:	
☐ Withdrawn	//
Reason:	
Staff Initials:	_

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